“Long COVID” is really LONG-VAX-SYNDROME and since spike prions keep producing forever, vaccine violence victims aren’t “improving”

09/21/2025 // S.D. Wells // **2.7K** Views

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A recent series of roundtable discussions led by U.S. Health Secretary Robert F. Kennedy Jr. highlighted the urgent challenges posed by long COVID and its parallels with post-vaccine syndromes linked to COVID-19 mRNA vaccines. The events gathered medical experts, federal officials, senators, and patients to address what Kennedy described as a national crisis that continues to be overlooked.

- Former CDC Director Robert Redfield and other experts noted differences between long COVID from infection and post-vaccine syndromes, with vaccine-related cases showing less improvement over time; some patients remain ill even five years later.

- S. Health Secretary Robert F. Kennedy Jr. led roundtable discussions with senators, health officials, doctors, and patients to highlight long COVID's impact on an estimated 20 million Americans and to push for more effective research, treatments, and patient validation.

- Despite billions invested in NIH's RECOVER Initiative, critics argued progress has been minimal, urging greater focus on repurposed drugs, patient-doctor collaboration, and practical treatments rather than academic-only research.

- Panelists emphasized that long COVID is complex with hundreds of symptoms, requiring individualized care, public/private collaboration, and platforms for sharing patient experiences, treatments, and data to accelerate solutions.

Long COVID and post-vaccine syndrome: Calls for recognition, research, and treatment

Former CDC Director Robert Redfield underscored a critical distinction between long COVID caused by infection and chronic illness following vaccination. While many long COVID patients gradually improve, Redfield observed that those suffering from what he called "post-mRNA injury" often show little to no recovery, even after five years. He emphasized the need for recognition of these conditions, noting that symptoms overlap with other complex illnesses such as vaccine injury and Lyme disease.

Kennedy convened the discussions—titled *"Invisible Illness: Leading the Way on Long COVID"*—in response to widespread patient frustration over being dismissed or ignored by the medical establishment. He credited Senators Roger Marshall (R-Kan.) and Todd Young (R-

Ind.) for advocating for the estimated 20 million Americans living with long COVID. The first session centered on patient experiences, while the second examined scientific research and policy.

The Centers for Disease Control and Prevention (CDC) defines long COVID as a chronic condition that appears at least three months after SARS-CoV-2 infection and may persist or fluctuate over time. However, emerging research, including a Yale University preprint, suggests some patients diagnosed with long COVID may actually be experiencing long-term vaccine-related syndromes. The Yale study documented persistent spike protein in a patient's blood nearly two years post-vaccination, raising concerns echoed by independent epidemiologists.

Despite billions in federal investment, including $1.15 billion for NIH's RECOVER Initiative and another $515 million announced in 2024, progress in understanding and treating long COVID has been slow. A 2023 investigation found little measurable benefit for patients. NIH Director Jay Bhattacharya admitted that research has not kept pace with patient needs.

Panelists emphasized the importance of practical, patient-centered approaches over theoretical research. Kennedy criticized reliance on "ivory tower science" and stressed the need to engage frontline doctors and patients who have already found success with repurposed drugs. Redfield and other clinicians reported that existing medications, though not officially approved for long COVID, have produced meaningful improvements in a majority of their patients.

Experts warned against expecting a single universal cure. "There's no silver bullet," said Dr. David Putrino, noting that treatment must be tailored to individual symptom patterns. Panelists called for structured collaboration, streamlined regulatory processes, and validation of repurposed therapies already in circulation.

One recurring theme was the importance of validation for patients who feel dismissed. Redfield shared the story of a patient who broke down in tears when he acknowledged her illness, saying she had never before been believed. To bridge gaps in communication and treatment, Kennedy proposed a public website where patients, doctors, and researchers can share symptoms, treatment outcomes, and promising therapies. Federal officials expressed support, framing the initiative as a step toward both validation and actionable solutions.

In tandem, HHS announced new efforts, including a public awareness campaign, an online hub for clinical collaboration, and updated prevalence data. Still, panelists warned that without urgent action and openness to unconventional approaches, millions will remain without effective care. Bookmark Vaccines.news to your favorite independent websites for updates on experimental gene therapy injections that lead to early death, infertility, turbo cancer and Long-Vax-Syndrome.

Sources for this article include:

ChildrensHealthDefense.org

Congress.gov [PDF]

HHS.gov

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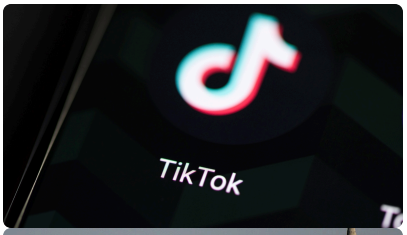

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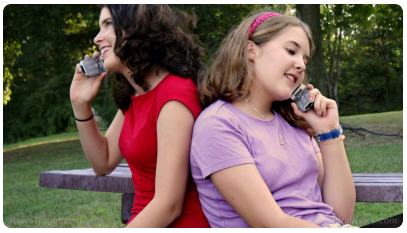

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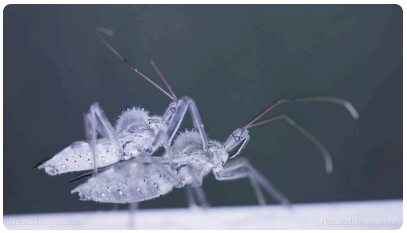

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There is no long Covid, SarsCov2 imaginary virus, you lying bastards! There are only the toxic effects of the mRna shots you administered to the ignorant and often retarded public that took them! Many caved in under the threats of loosing their jobs or being blocked
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